## LOT SPLIT PERMIT APPLICATION

☐ CITY OF DUBOIS

$\Box$ CITY OF SPEN	CER				
☐ CLARK COUN	TY			MAJEL KNOWLES CLASHE	
Street/Road Address o	f Proposed Lot Split:				
2. Legal Description					
				Attach Proposed Record of Survey	
3. Owner	Address	City, State,	, Zip Code	Phone	
4. Engineer/Surveyor	Address	City, State,	Zip Code	Phone	
5. Size of Parcel to be cro	eated (Acres)	6. Describe the Reason	ons for split and Propose	ed Use of Parcel Created.	
7. Signature		This signature acknowledges that all information on this application and the attached plans is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinances of the City or County,			
	State, and Federal Laws; A	ducted will be in full co	impliance with any and all conditions		
imposed on this permit's approval or the approval of previous required.			of previous permits (con	ditional use permits, variances, etc.)	
	This permit expires in two	vears in the activity auth	porized is not commence	ed OR if the activity commenced but	
This permit expires in two years in the activity authorized is not commenced OR if the activity comme abandoned for one year at any time before completion.				ed OR if the activity commenced but	
	Applicant Signature	OFFICIAL OFFICE USE	Date	2	
Application Accepted By:		Date:		Application Fee Received:	
Zoning District:	Checked for Minimum Lot	Size:	Checked for Health D	Depart Compliance	
Zoming District.					
	Complies: Fails to Com	ıply:	Complies: Fails t	to Comply:	
Conditions Imposed:			-		
			Additio	nal Sheets may be attached as needed.	
Permit approved by:	Date:				